


Racial and Ethnic Variation in the Prevalence of Long-Term Services and Supports Needs

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Black, Indigenous, and other people of color have greater LTSS needs.

Background

Long-Term Services and Supports (LTSS) includes a variety of medical and non-medical services that support people with disabilities and older adults with household tasks, personal care, and other activities of daily living. The majority of LTSS is provided by informal, unpaid caregivers, such as family members or friends (Ng, Harrington, & Kitchener, 2010; Putnam & Coyle, 2021). Medicaid is the primary payer of formal LTSS in the United States, though there are several alternative funding sources for LTSS, including Medicare for post-acute care, private long-term health insurance, or out-of-pocket expenses (Colello & Sorenson, 2023).

Medicaid LTSS is provided either in home and community settings, such as personal or family homes, group homes, or assisted living facilities, or in institutional settings, such as nursing homes, mental health facilities, or intermediate care facilities for people with intellectual and developmental disabilities. We know that LTSS need varies by geography (Kaye & Harrington, 2015), but we lack current data on how common LTSS needs are by race/ethnicity; in other words, the prevalence of LTSS needs by race/ethnicity.

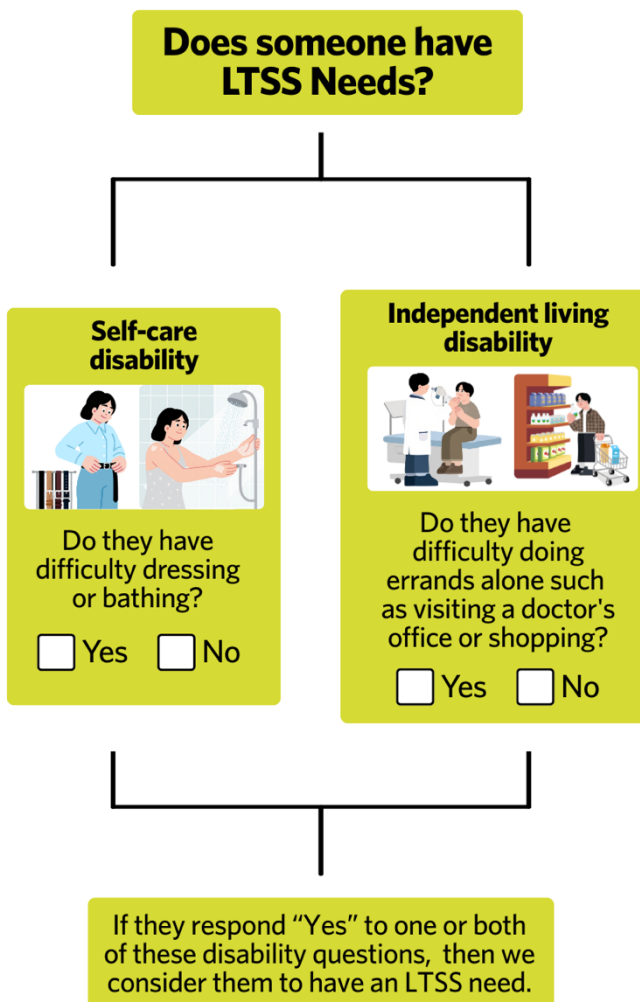
It is important to understand the racial and ethnic differences in who needs LTSS in order for policymakers, states, and health plans to develop Medicaid LTSS programs that reduce unmet needs and support community living for all people with LTSS needs.



Data and Methods

In this brief, we assessed racial and ethnic variation in the prevalence of LTSS need using data from the American Community Survey (ACS). The ACS is a cross-sectional survey representative of the U.S. population. Our sample includes 13,428,037 people ages 15 years and older from the 2019-2023 5-year ACS sample. We determine whether someone needs LTSS using two measures in the ACS: self-care disability and independent living disability. The ACS defines self-care disability as: the person has difficulty dressing or bathing. The ACS defines independent living disability as: the person has difficulty doing errands alone such as visiting a doctor's office or shopping due to a physical, mental, or emotional condition. If a person responds "yes" to one or both of these disability questions, then we consider them to have an LTSS need.

Race/ethnicity categories include White non-Hispanic (NH), Black NH, American Indian/Alaska Native NH, Asian NH, Native Hawaiian/Pacific Islander NH, Other single race NH, Multiracial NH, and Hispanic/Latine. We estimated the unadjusted and age-adjusted prevalence of LTSS needs by race/ethnicity. Age-adjusted estimates were calculated by standardizing the prevalence of LTSS need for each racial and ethnic group in 5-year age categories to the age distribution of the total U.S. population ages 15 years and older in the 2019-2023 ACS data.



Age adjustment is important because age distributions are different across racial and ethnic groups due to structural factors. Since the likelihood of needing LTSS increases with age, we would expect LTSS needs to be higher for race/ethnicity populations with longer life expectancies. Thus, to more accurately compare the prevalence of LTSS need across racial/ethnic groups, we need to adjust for age. The age-adjusted estimates tell us what the prevalence of needing LTSS would be if all racial/ethnic groups had the same age distribution as the national population.

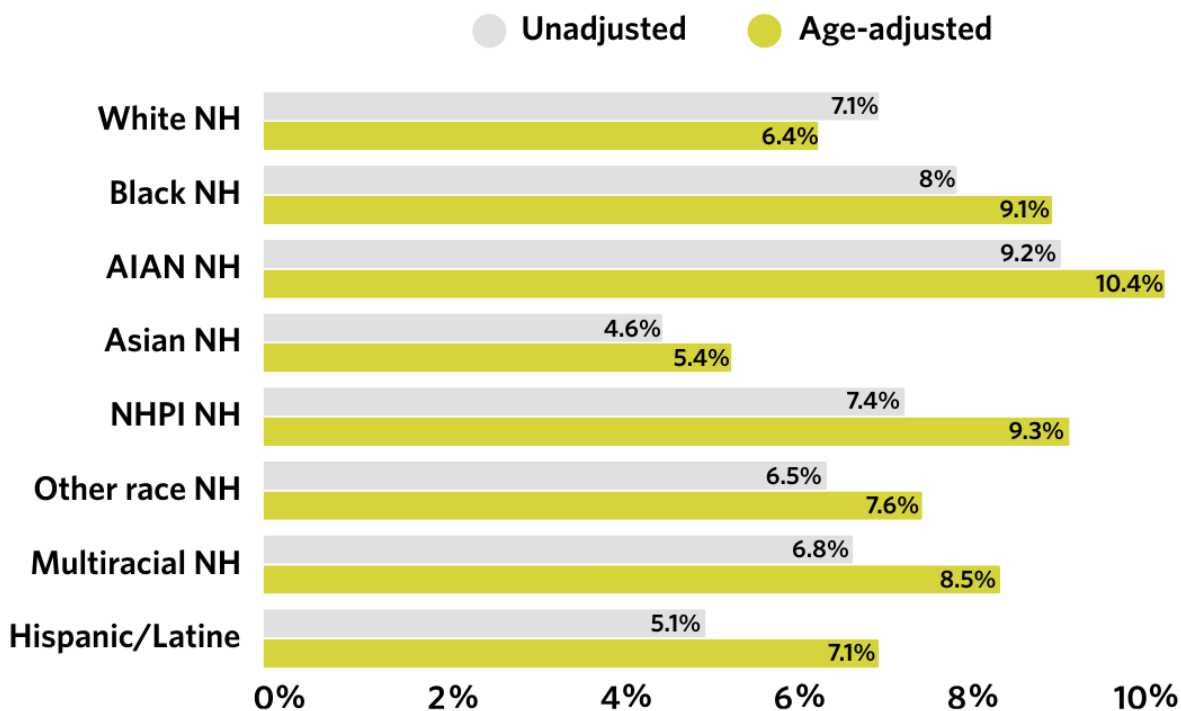
To determine whether there are statistically significant differences across race/ethnicity, we performed Wald tests with White NH as the reference group. This means we are testing whether the estimated percentage of people who need LTSS among each racial/ethnic group significantly differs from the estimated percentage of White NH people who need LTSS. Table 1 and Figure 1 show the unadjusted and age-adjusted prevalence of needing LTSS by race/ethnicity.



Findings

Without adjusting for age, we estimate that 6.67% of people ages 15 years and older in the United States have LTSS needs, though this varies by race/ethnicity. Specifically, the unadjusted prevalence of who needs LTSS is 7.05% for White NH people, 8.04% for Black NH people, 9.24% for American Indian/Alaska Native NH people, 4.60% for Asian NH people, 7.37% for Native Hawaiian/Pacific Islander NH people, 6.47% for “other” single race NH people, 6.77% for multiracial NH people, and 5.05% for Hispanic/Latine people. Unadjusted prevalence estimates suggest that only Black NH and American Indian/Alaska Native NH people have higher needs for LTSS than White NH people. However, after adjusting for age, further disparities emerge.

Figure 1. Prevalence of LTSS Need by Race/Ethnicity, Unadjusted versus Age-adjusted



Source: 2023 ACS 5-year sample of people ages 15 years or older (n = 13,428,037).

Note: Age-adjusted estimates were calculated by standardizing the prevalence of LTSS need for each racial and ethnic group in 5-year age categories to the age distribution of the total population. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. NHPI = Native Hawaiian/Pacific Islander.

Table 1. LTSS Need by Race/Ethnicity

Race/Ethnicity	Unadjusted	Age-adjusted
White NH	7.05%	6.40%
Black NH	8.04% ***	9.11% ***
AIAN NH	9.24% ***	10.38% ***
Asian NH	4.60% ***	5.41% ***
NHPI NH	7.37%	9.27% ***
Other race NH	6.47% ***	7.56% ***
Multiracial NH	6.77% ***	8.52% ***
Hispanic/Latine	5.05% ***	7.07% ***

***p<0.001

Source: 2023 ACS 5-year sample of people ages 15 years or older (n = 13,428,037).

Note: Age-adjusted estimates were calculated by standardizing the prevalence of LTSS need for each racial and ethnic group in 5-year age categories to the age distribution of the total population. White NH is the reference group for significance testing of group differences. NH = Non-Hispanic. AIAN = American Indian/Alaska Native. NHPI = Native Hawaiian/Pacific Islander.

While there was no significant difference in the unadjusted estimates of LTSS need between Native Hawaiian/Pacific Islander NH and White NH people without adjusting for age, age-adjusted estimates reveal that Native Hawaiian/Pacific Islander NH people actually have one of the highest rates of LTSS need. Further, while unadjusted estimates suggest that Hispanic/Latine people are significantly less likely than White NH adults to need LTSS, adjusting for age flips this pattern such that Hispanic/Latine people are actually more likely to need LTSS than White NH people.

Taken together, these findings indicate that relative to White NH and Asian NH people, **Black, Indigenous, and other people of color have significantly higher needs for LTSS.**

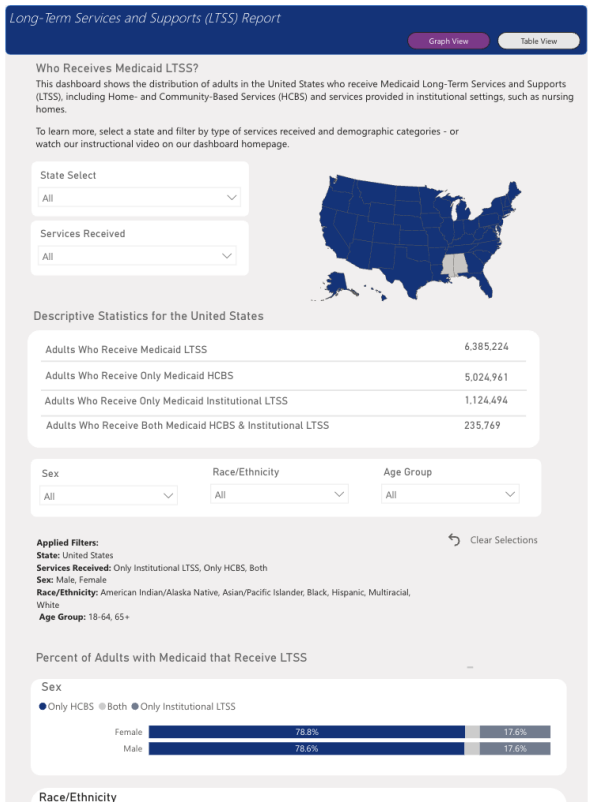
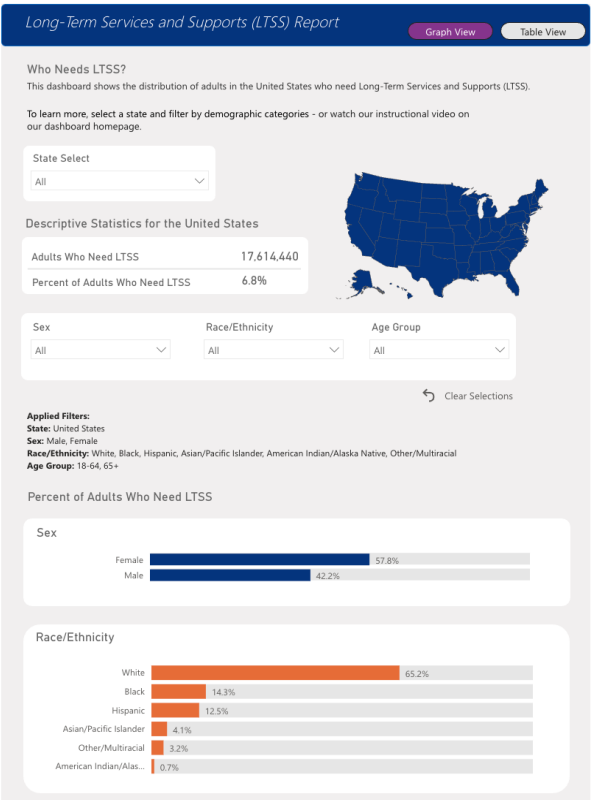
Unadjusted prevalence estimates mask racial and ethnic disparities in LTSS needs because unadjusted estimates do not account for the fact that different racial/ethnic groups are younger overall than other racial/ethnic groups.

If you are interested in looking at racial and ethnic differences, it is important to adjust for age to have a more accurate comparison of the prevalence of LTSS need across race/ethnicity.

Discussion

The evidence that Black, Indigenous, and other people of color have higher LTSS needs has important policy implications. It is critical for policymakers at the national, state, and local levels to be aware of racial and ethnic variation in LTSS need in order to improve service delivery for all people who require long-term services and supports. The [Community Living Data Dashboard](#) describes who needs LTSS and who receives Medicaid LTSS. It can be used to advocate for improvements in policies and services to support people with LTSS needs. **We recommend using the Community Living Data dashboard to understand who needs LTSS and who is currently receiving LTSS in your state.**

The dashboard allows you to look at who needs LTSS by race/ethnicity, sex, age group, primary spoken language, poverty status, and rural status. States with the highest levels of LTSS needs often have the least robust Medicaid Home and Community-Based Services programs (Kaye & Harrington, 2015). There are typically larger populations of people of color in these states, suggesting that people of color who need LTSS may not have access to high quality long-term services and supports to help them live in the community. The findings in this study in combination with the state-level information in the data dashboard can be used by states to plan and improve policies and practices to better meet the needs of all people who need LTSS.



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How to Cite This Brief

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